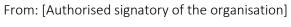
Provider: Authorised Personnel and their contact details

Text to be pasted onto Provider organisation's headed notepaper







Trom. [Authorised sign	latory of the organisation					
Title:						
Address:						
Date:						
TO: MSME Financing G	ateway Burundi Host organ	ization, MSME Financi	ng Gateway manager			
The persons named be notice:	elow are hereby authorised	to make changes to o	ur organization's data and pro	file on the MSME Financi	ng Gateway until further	
First name	Last / Family name	Official title	Mobile telephone #	Mobile telephone #	E-mail address	
For, and on behalf of:			By signing this o	document, or by transmitt	ing the information in it to	
Organisation name:			the MSME Financing and accepted the Te	the MSME Financing Gateway Host organization, I agree that I have read and accepted the Terms of Use at: https://burundi.financinggateway.org/en/terms-conditions		
Official title:	title:			and the Host organization's Privacy Policy at: https://burundi.financinggateway.org/en/privacy-policy		
Signature:			•	Our organization undertakes to notify the Host of the MSME Financing Gateway of any change in authorizations. The Host will not be liable for		
Date / Place:				changes to data and information made by authorized persons.		